

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

09 / 381401

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		(1)					54						
5		(1)					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9		(1)					59						
10		(1)					60						
11		(1)					61						
12		(1)					62						
13		(1)					63						
14	1						64						
15		1					65						
16		2					66						
17		2					67						
18		(1)					68						
19		(1)					69						
20		(1)					70						
21	1						71						
22	1						72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		(1)					78						
29		(1)					79						
30		(1)					80						
31	1						81						
32	1						82						
33		1					83						
34		3					84						
35		(1)					85						
36	1						86						
37	1						87						
38	1						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	39						TOTAL DEP.						
TOTAL CLAIMS	48						TOTAL CLAIMS						